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| Issue Classification  | Application/Control No. 10596781 | Applicant(s)/Patent Under Reexamination KROOS ET AL. |
| | Examiner Kevin P Kerns | Art Unit 1793 |

| ORIGINAL | | | | | | INTERNATIONAL CLASSIFICATION | | | | | | | | | | | | | |
|--------------------|-----------------------------------|-----|----------|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|--|
| CLASS | | | SUBCLASS | | | CLAIMED | | | | | NON-CLAIMED | | | | | | | | |
| 164 | | | 463 | | | B | 2 | 2 | D | 11 / 00 (2006.01.01) | | | | | | | | | |
| CROSS REFERENCE(S) | | | | | | B | 2 | 2 | D | 11 / 06 (2006.01.01) | | | | | | | | | |
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| CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) | | | | | | | | | | | | | | | | | | |
| 164 | 479 | 423 | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 | | | | | | | | | | | | | | | |
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| Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| | 1 | 17 | 17 | | | | | | | | | | | | |
| 2 | 2 | | 18 | | | | | | | | | | | | |
| 3 | 3 | 18 | 19 | | | | | | | | | | | | |
| 4 | 4 | 19 | 20 | | | | | | | | | | | | |
| 5 | 5 | 20 | 21 | | | | | | | | | | | | |
| 6 | 6 | 21 | 22 | | | | | | | | | | | | |
| 7 | 7 | 22 | 23 | | | | | | | | | | | | |
| 8 | 8 | 1 | 24 | | | | | | | | | | | | |
| 9 | 9 | 23 | 25 | | | | | | | | | | | | |
| 10 | 10 | 24 | 26 | | | | | | | | | | | | |
| 11 | 11 | 25 | 27 | | | | | | | | | | | | |
| 12 | 12 | | | | | | | | | | | | | | |
| 13 | 13 | | | | | | | | | | | | | | |
| 14 | 14 | | | | | | | | | | | | | | |
| 15 | 15 | | | | | | | | | | | | | | |
| 16 | 16 | | | | | | | | | | | | | | |

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| NONE | | Total Claims Allowed: | |
| | | 25 | |
| (Assistant Examiner) | (Date) | O.G. Print Claim(s) | O.G. Print Figure |
| /Kevin P Kerns/ Primary Examiner.Art Unit 1793 | 6/1/10 | 1 | ---- |
| (Primary Examiner) | (Date) | | |